## Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

09/543/88

		CLAIMS AS	S FILED - I	PART I (Colu	mn 2)	SMALL E	ENTITY	OR	OTHER SMALL	
FOR		NUMBE	NUMBER FILED		NUMBER EXTRA		FEE	] [	RATE	FEE
BASIC FEE			/ ***	345.00	OR		690.00			
TOTAL CLAIMS minus 20= * 55				X\$ 9=		OR	X\$18=	990		
	EPENDENT CL	/	minus 3	3 = *		X39=		OR	X78=	312
MU	MULTIPLE DEPENDENT CLAIM PRESENT							OR	+260=	
* If	the difference i	in column 1 is	less than ze	ro, enter "0" in c	olumn 2	TOTAL		OR	TOTAL	1972
	Cl	SMALL	ENTITY	OR	OTHER SMALL I	THAN				
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME		*	Minus	ENDENT CLAIM	=	X39=		OR	X78=	
	FIRST PRESE	NIATION OF W	OLTIPLE DEP	ENDENT CLAIM		+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
	<u> </u>	(Column 1)	<u></u>	(Column 2)	(Column 3)	ADDII. FEE			,	
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<b>AMENDMENT</b>	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	:
	Independent	* ·	Minus DER	*** ENDENT CLAIM	=	X39=		OR	X78=	
	FINOI PRESE	NIAHON OF M		ENDENT CEARN		+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN		*	Minus	**	=	X\$ 9= ·		OR	X\$18=	
AME	Independent	•	Minus	***	=	X39=		OR	X78=	
	EIDET DOCCE	MITATION OF 14	III TIDI E OCO	ENDERIT OF AIRA				,		
-	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDENT CLAIM		+130=		OR	+260=	

## UNITE STATES PATENT & TRADEMAR OFFICE Washington, D.C. 20231

DECURATION DOD TO	<b>MBNM</b> 777		NID.								
REQUEST/ FOR PA					2100						
1 Date of Request: 9/8/00 2 Serial/Patent # 09543/88											
3 Please refund the following fee	(s):	4 PAP NUM	ER BER	5 DATE FILED	6 AMOUNT						
+ Filing		1	•	4-500	\$ 996.6						
Amendment					\$						
Extension of Time					\$						
Notice of Appeal/Appeal					\$						
Petition	_				\$						
Issue					\$						
Cert of Correction/Terminal	Disc.				\$						
Maintenance					\$						
Assignment					\$						
Other					\$						
		7 TOTAL AMOUNT S 996									
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
Overpayment	Credit Deposit A/C #:										
Duplicate Payment			9 4	500	3//						
No Fee Due (Explanation):											
Small Entity Ca	158										
TYPED/PRINTED NAME: 1. Briffs TITLE: Clerk											
SIGNATURE: (7 B) PHONE: 308/949/											
OFFICE:											
THIS SPACE RESERVED FOR FINANCE USE ONLY:											
THIS SPACE RESERVED FOR FINANCE USE ONLY:  APPROVED: No beautiful Date: 09 No beautiful											

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B